

CHA & REITER
ATTORNEYS AT LAW
CONTINENTAL PLAZA
411 HACKENSACK AVENUE, 9TH FLOOR
HACKENSACK, NEW JERSEY 07601
TEL: (201) 518-5518
FAX: (201) 518-5519

Copy
#5

Via Facsimile & Confirmation Copy
703-746-9195

January 6, 2002

Assistant Commissioner for Patents
Washington, DC 20231

Dear Sir:

Enclosed please find eight completed Change of Correspondence Address.

Thank you for your assistance in this matter.

Sincerely,

CHA & REITER



Steve S. Cha
Attorney For Applicants

SC/lc
Enclosure

PTO/SB/122 (10-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	09/854,653
Filing Date	May 14, 2001
First Named Inventor	Nam-Heon Kim
Art Unit	2881
Examiner Name	Unassigned
Attorney Docket Number	5000-1-203

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 33942
Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

Steve S. Cha

Signature

Date

January 6, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

JAN 13 2003

TECHNOLOGY CENTER 2800

FILE COPY


 Commissioner for Patents
 Washington, DC 20231
 www.uspto.gov


Bib Data Sheet

CONFIRMATION NO. 8782

SERIAL NUMBER 09/854,653	FILING DATE 05/14/2001 RULE	CLASS 372	GROUP ART UNIT 2823	ATTORNEY DOCKET NO. 5000-1-203	
APPLICANTS Nam-Heon Kim, Suwon-shi, KOREA, REPUBLIC OF;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS ***** REPUBLIC OF KOREA 2000-37961 07/04/2000					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/10/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY KOREA, REPUBLIC OF	SHEETS DRAWING 6	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
ADDRESS 33942					
TITLE Method of fabricating electro-absorption modulator integrated laser					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		